

PTO/SB/01(12/97)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATI	ON FOR UTILITY OR	Attorney Docket Number	PC10023A			
	DESIGN	First Named Inventor	J. TIMOTHY GREENAMYRE			
PATEN	T APPLICATION	COMPLETE IF KNOWN				
(3,7	7 CFR 1.63)	Application Number	09/148,973			
Declaration submitted with Initial Filing	□ Declaration Submitted after Initial	Filing Date	09/04/98			
	Filing (surcharge 37 CFR 1.16 (e))	Group Art Unit	1614			
	required)	Examiner Name	NOT YET ASSIGNED			

As a below named inventor	r, I hereby de	clare tha	t:						
My residence, post office address, and citizenship are as stated below next to my name.									
			only one name is listed below) o is claimed and for which a pater						
METHODS OF ADMINISTERING AN AMPA RECEPTOR ANTAGONIST TO TREAT DYSKINESIAS ASSOCIATED WITH DOPAMINE AGONIST THERAPY									
	*		(Title of the Invention)	144					
the specification of which is attached hereto OR			(
was filed on (MM/DD	YYYY) 0	9/04/98	as Unite	d States Application N	umber or PCT interr	national			
Application Number 09/148,973 and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
America, listed below and ha	ve also identif	ied below	v, by checking the box, any forei	gn application for p	atent or inventor's				
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America, listed below and ha or of any PCT international a Prior Foreign Application Number(s) Additional foreign application I hereby claim the benefit under the prior to t	ve also identif pplication havi Count n numbers are der 35 U.S.C.	ied belowing a filing ry e listed or	n, by checking the box, any foreig date before that of the applicate (MM/DD/YYYY) n a supplemental priority data she any United States provisional a Filing Date (MM/DD/YYYY)	gn application for pition on which priority Priority Not Claimed Deet PTO/SB/02B at pplication(s) listed in umbers suppleme	atent or inventor's y is claimed. Certified Co YES	cation			



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DECLARATION ---- Utility or Design Patent Application

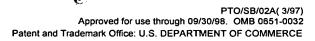
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the
United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the price
United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclos
information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application
and the national or PCT International filing date of this application.

United States information wi	or PCT Inte	rnational applica	ation in the m lity as defined	nanner provide d in 37 U.S.(led by the t	first paragrap	h of 35 t	U.S.C. 1	12, 1 a	acknowledg	disclosed in the prior e the duty to disclose of the prior application	
					nt Filing Date M/DD/YYYY)			Parent Patent Number (if applicable)				
	-					1						
Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												
				ed practitioner(s) to prosecute this application and to								
and Trademark Office connected therewith: ☐ Customer or							Place Customer Number Bar Code Label here					
	Name		T -	Registration	-		Name			1	Registration	
Detec C. Biol			∔	Number		Boumond	MAC Augus	-4in			Number	
Peter C. Rich Allen J. Spie			ļ	27,526 25,749		Raymond Paul H. Gi		Stin		28,588 28,718		
Aaron Passn	•		İ	26,783		Mark Drye	_				28,775	
Gezina Holtr				28,222		Elizabeth	O. Slade				29,011	
J. Trevor Lur				28,567		Lawrence					28,587	
James T. Joi			İ	30,561 30,977		John L. La A. Dean C					29,185	
Gregg C. Be Robert F. Sh				30,977 31,304		Howard R				31,185 31,376		
Grover F. Fu	•			31,760		Mervin E. Brokke				32,723		
Karen DeBer				32,977		Valerie M.		:h	ı	33,688		
Phillip C. Str	•			34,258		Bryan C. Zielinski			1	34,462		
Lorraine B. L	•		l	35,251 36,997		Robert T. Ronau B. Timothy Creagan				36,257 39,156		
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Raymond M. Speer				26,810		Jolene W.		an	Ī		35,428	
Jennifer A. Kispert				40,049		Kristina L.			Ī		37,864	
				31,820					- ,,			
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.												
Direct all correspondence to: Customer Number or Bar Code Label OF						OR [<u> </u>	orrespond	lence address below			
Name												
Address												
· Address City	NY		State	NY				Ziı	p Code	10017-5755		
Country	USA	Telephone			(212) 573-2369				Fa		(212) 573-1939	
·			· ·									
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Sol	e or First In	ventor:	A petition ha	s been filed	for this uns	igned inven	tor					
Given Name (first and middle [if any])					Family Name or Surname							
J. Timothy Greenamyre												
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City		Atlanta	State	GA	Zip	30342	Coun	itry	USA			
	nal inventor	s are being nar								B/02A atta	ched hereto.	
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:					tion has been filed for this unsigned inventor					
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Bertrand L.					Chenard					
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Post Office Address										
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Given Name (f	irst and middle [i	f any])					Family Name	or Surname	11.1911	
Willard M.		\sim	\wedge		Welch	Λ				
Inventor's Signature	Tul Jul			ul	又		Date	Od 13,1998		
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Post Office Address										
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Given Name (first and middle [if any])							Family Name	or Surname		
Frank S.					Menniti					
Inventor's Signature	Ftal	1	Me		L.			Date	Cet 13, 1998	
Residence: City	Mystic		U	State	SM	Country	USA	Citizenship USA		
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Post Office Address	100.0									
City	Mystic State CN			Zip	06355	Country	USA			
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Given Name (first and middle [if any])					Family Name or Surname					
Inventor's Signature				•				Date		
	State									
Residence: City				State		Country		Citizenship		
Residence: City Post Office Address				State		Country		Citizenship		
					<u> </u>	Country		Citizenship		

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